FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	April 30, 2008					
Estimated aver	rage burden					
hours per respor	se 16.00					

SEC USE ONLY

Serial

Prefix

SECTION 4(6), AND/OR	DATERECEIVED
UNIFORM LIMITED OFFERING EXEMP	TION
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Preferred Stock Financing	SEC MASS
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	O OF CASE
A. BASIC IDENTIFICATION DATA	0.00
Enter the information requested about the issuer	\$70°
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	SECTION
Vascular Pathways, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 1678 Kennewick Drive, Sunnyvale, CA 94087	Telephone Number (Including Area Code) (408) 621-2454
Address of Principal Business Operations (Number and Street, City, State, Zip Code) if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Medical devices	PRACEA
Type of Business Organization	ease specify):
corporation limited partnership, already formed other (pl business trust limited partnership, to be formed	AUG 0 9 ZOTR
Month Year Actual or Estimated Date of Incorporation or Organization: 0 2 0 2 Actual Estim urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	ated & THOMSON

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

American LegalNet, Inc.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	X	Beneficial Owner	X	Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, is	f individual)								
Belson, Amir									
Business or Residence Addres	ss (Number and	Stree	t, City, State, Zip Co	de)					
1678 Kennewick Drive, Sur	nnyvale, CA 9408	37							•
Check Box(es) that Apply:	Promoter	X	Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Gallup, Dave									
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	ode)					
1678 Kennewick Drive, Sur	nnyvale, CA 9408	37							
Check Box(es) that Apply:	Promoter	X	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
The Angels Forum 76, LLC	•								
Business or Residence Addre		Stree	t, City, State, Zip Co	ode)	· 				
P.O. Box 1605, Los Altos, 0			-						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	. 🗶	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Rosenthal, Peter									
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	ode)					
The Angels Forum 76, LLC									
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Stree	et, City, State, Zip Co	ode)		· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and	Stree	et, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	-				· · · · · ·			
Business or Residence Addre	ss (Number and	Stree	et, City, State, Zip Co	ode)				<u>.</u>	
 :	(Use bla	nk sh	neet, or copy and use	addit	ional copies of this sl	heet :	as necessary	<i>/</i>)	

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						B. IN	FORMATI	ON ABOU	r offeri	√G		es de mari		e degrad
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? Yes No 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remneration for solicitation of purchasers in connection with sale sof securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	1.	Has the	issuer sold.	or does th	e issuer in	tend to sel	l. to non-ac	credited in	vestors in	this offeri	ng?		_	-
2. What is the minimum investment that will be accepted from any individual? Yes No 3. Does the offering permit joint ownership of a single unit? Yes No 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the Offering. If a person to be listed is an associated person or agent of a broker or dealer, registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, so the short or dealer or dealer, so with a state or states, list the name first, if individual? Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)														
3. Does the offering permit joint ownership of a single unit?	2.											\$ N/A		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, our may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)												•	Yes	No
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(Check "All States" or check individual States)	Nan	ne of Ass	sociated Bro	oker or Dea	aler									
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	Ful	l Name (Last name 1	first, if ind	ividual)									
Name of Associated Broker or Dealer	Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						<u> </u>
	Nai	ne of As	sociated Br	oker or De	aler							•		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers					 -	
(Check "All States" or check individual States)	(Check "All States" or check individual States)									A.1	l States			
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MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR														

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged. Type of Security	Aggregate Offering Price	:	Am	ount Already Sold
	Debt	· ·		ę.	
	Equity			φ	264,500.27
	Common R Preferred			Ψ	
	Convertible Securities (including warrants)	1		ç	
	Partnership Interests				
	Other (Specify)				
	Total				
	Answer also in Appendix, Column 3, if filing under ULOE.	,		Ψ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number Investors		Do	Aggregate llar Amount f Purchases
	Accredited Investors			\$_	264,500.27
	Non-accredited Investors	0		\$_	0.00
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		Do	ollar Amount Sold
	Rule 505		_	\$_	
	Regulation A		_	\$_	
	Rule 504		_	\$_	
	Total		_	S	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		X	\$	30,000.00
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		X	\$	30,000.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		<u>\$ 499,000.54</u>
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross	l	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		S	\$
	Purchase of real estate			\$
	Purchase, rental or leasing and installation of mac and equipment		\$	\$
	Construction or leasing of plant buildings and fac	ilities		\$
	Acquisition of other businesses (including the val offering that may be used in exchange for the assessuer pursuant to a merger)	ets or securities of another	□ \$	□ \$
	Repayment of indebtedness			
	Working capital		_	
	Other (specify):			
			\$	
	Column Totals		\$	\$_499,000.54
	Total Payments Listed (column totals added)		★ \$ <u>49</u>	99,000.54
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Comm	ission, upon writte	
Iss	er (Print or Type)	Signature	Date	
Va	cular Pathways, Inc.	I Casw NV	July 2006	•
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
J. (asey McGlynn	Secretary		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

– ATTENTION –

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)